



Return Address:

Patricia A. Stevens
520 NE Pike St
Stevenson, Wa. 99248

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grantee William A. Jobe, being first duly sworn
Name of Affiant
deposes and states as follows: That they are a rightful heir as listed on heirs at law, to the real
property described below, and is Husband
Relationship to decedent
of Linda Lois Jobe, who died on 9-21-2012
Decedent/Grantor *Date*
at Vancouver Clark WA
City *County* *State*

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

See Exhibit A

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

MAR 25 2026

PAID N/A
Monica Beatty
SKAMANIA COUNTY TREASURER

Assessor's Property Tax Parcel/Account Number: 03-75-36-2-3-0501-00 AK
(Attach full legal description of the property)

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of
predeceased child or adopted child, parents, brothers and sisters of the decedent.
Affiant hereby identifies all heirs at law of the decedent: (use additional pages if
necessary)

Dated : _____

Affiant's full name

Telephone number

Street

City

State

Zip Code

[Handwritten Signature]

3-24-2026

Signature

William A Jobe

Date

Witness: *[Handwritten Signature]* 3-24-26
[Handwritten Signature] (Joyce Street) 3-24-2026

State of Washington County of Skamania

I know or have satisfactory evidence that William A Jobe
(name of person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: 3/24/2026

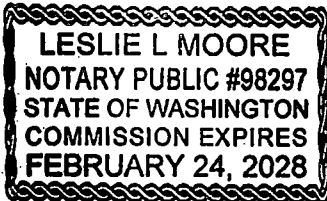
[Handwritten Signature]
Signature of Notary Public

(SEAL OR STAMP)

Residing at: Carson

Notary Public in and for the State of Washington

My appointment expires: 02/24/2028



STATE OF WASHINGTON DEPARTMENT OF HEALTH



Local File Number: **2177** Washington State Certificate of Death State File Number: _____

1. Legal Name (Include AKA's if any): First, Middle, LAST Linda Lois Jobe			2. Death Date 09/21/2012		
3. Sex (M/F) Female	4a. Age - Last Birthday 62	4b. Under 1 Year Months: _____ Days: _____	4c. Under 1 Day Hours: _____ Minutes: _____	5. Social Security Number ██████████	6. County of Death Clark
7. Birthdate 01/31/1950		8a. Birthplace (City, Town, or County) Fort Worth	8b. (State or Foreign Country) Texas	9. Decedent's Education Some College - no degree	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No			11. Decedent's Race(s) White		12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 520 Pine St.				13b. City or Town Stevenson	
13c. Residence: County Skamania		13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Washington	13f. Zip Code + 4 98648	13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
14. Estimated length of time at residence. 25 Years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) William A. Jobe	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED).) Homemaker			18. Kind of Business/Industry (Do not use Company Name) Own Home		
19. Father's Name (First, Middle, Last, Suffix) Harry Martinson			20. Mother's Name Before First Marriage (First, Middle, Last) Lois Greene		
21. Informant's Name William Jobe		22. Relationship to Decedent Husband	23. Mailing Address: Number and Street or RFD No. City or Town State Zip 520 Pine St. Stevenson, WA 98648		
24. Place of Death, if Death Occurred in a Hospital: Inpatient			24. Place of Death, if Death Occurred Somewhere Other than a Hospital:		
25. Facility Name (if not a facility, give number & street or location) PeaceHealth SW Medical Center			26a. City, Town, or Location of Death Vancouver	26b. State WA	27. Zip Code 98664
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Columbia River Crematory		30. Location-City/Town, and State White Salmon, Washington	
31. Name and Complete Address of Funeral Facility Straub's Funeral Home 325 NE 3rd Ave. Camas, WA 98607				32. Date of Disposition 09/26/2012	
33. Funeral Director Signature X <i>[Signature]</i>					

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **cardiac arrest due to pulseless electrical activity** Interval between Onset & Death: **5 days**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. **acute respiratory failure of chronic disease** Interval between Onset & Death: **5 days**

c. **hypoxic encephalopathy** Interval between Onset & Death: **5 days**

d. **mucous plugging as the cause of b** Interval between Onset & Death: **5 days**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No

37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death

Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death

Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death

Suicide Pending Unknown if pregnant within the past year

40. Did tobacco use contribute to death?
 Yes Probably No Unknown

41. Date of Injury (MM/DD/YYYY)

42. Hour of Injury (24hrs)

43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)

44. Injury at Work?
 Yes No Unk

45. Location of Injury: Number & Street: _____ Apt No. _____

City or Town: _____ County: _____ State: _____ Zip Code + 4: _____

46. Describe how Injury occurred

47. If transportation injury, specify:
 Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.
X **Lan Phan**

48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
X _____

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Lan Phan 400 NE Mother Joseph Place Vancouver WA 98664

50. Hour of Death (24hrs)
1705

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY)
09/25/2012

53. Title of Certifier
MD

54. License Number
37318

55. ME/Coroner File Number

56. Was case referred to ME/Coroner?
 Yes No

57. Registrar Signature
X *[Signature]*

58. Date Received (MM/DD/YYYY)
SEP 25 2012

59. Amendments

Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

This is a legal document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: (City or County)
	4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
6. Name of Person Requesting Correction: Relationship to <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital Person on Record: <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify) _____				

7. Return Mailing Address: PO Box or Street Address				City	State	Zip
Telephone Number: ()			Email Address:			

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record currently shows:	The true fact is:
8.	9.
10.	11.
12.	13.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

14a. Signature:		14b. Signature of 2 nd parent (if required):	
Printed name:	Date:	Printed name:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Required proof documentation must be submitted with the affidavit and include full name and birth date. Examples of proof documentation include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Copy of Passport / Enhanced ID
- Green/Permanent Resident card (I-551)

You cannot use a Driver's license, Social Security card, or hospital decorative birth certificate as proof documentation.

Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Proof documentation must be five or more years old or established within five years of birth.
4. This affidavit cannot be used to add a parent to a birth certificate (use Acknowledgment of Parentage form DOH 422-159).

Child under 18

- If legal guardian(s), include certified court order proving guardianship.
- Up to age one or up to one year following the filing of an Acknowledgment of Parentage form, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names); thereafter, a court order is required to change the last name.
- No proof is required to change the first or middle name.*
- To correct parent's information, one proof documentation is required.
- To correct the sex of the child, one proof documentation from a medical provider is required.

Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of proof documentation are required.
- If the first, middle and/or last name is misspelled, or month and/or day of birth is incorrect, two pieces of proof documentation are required.
- To correct parent's birth date, place of birth, or name, one proof documentation is required.

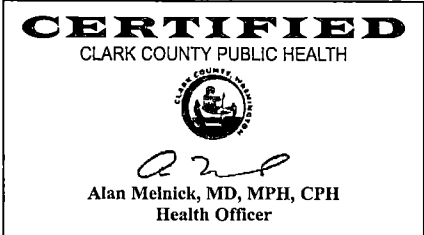
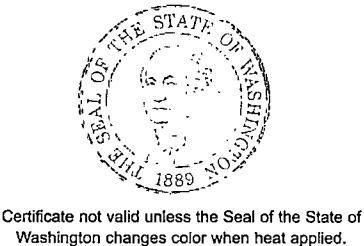
*To change any part of the name of a child using this form, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

Death Certificates

1. Only the informant may change the non-medical information without proof documentation. The funeral director, executors/administrators, or a family member may change the non-medical information with proof documentation. Family members are spouse or registered domestic partner, parent, sibling, or adult child or stepchild. Marital status requires a certified court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth, or residence) may be changed by the person with one piece of proof documentation.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.



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Exhibit A

Parcel 1


Lot 1, block 2, second addition to Hillcrest Acres, according to the recorded Plat therefore recorded on book A of Plats, page 100, in the County of Skamania in Washington State.

Together with that portion lying due South of the above described property being 40 feet wide as vacated by instruments recorded on July 11th 1989 in the Book 114 page 819, Skamania County Deed Records.

Parcel 2

The Westerly 10 feet of lot 2, Block 2, Second Addition to Hill Crest Acres according to the recorded Plat therefore, recorded in Book "A" of Plats, at page 100. records of Skamania County.

Skamania County Assessor

Date 3/25/20 Parcel# 3-75-36-2-3-501


UNOFFICIAL
COPY